

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6	/						56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	16						TOTAL DEP.				
TOTAL CLAIMS	20						TOTAL CLAIMS				